ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HIV	· · · · · · · · · · · · · · · · · · ·	<u> </u>
O.I.P.E. CLASSIFIER	, ,	10	12.
FORMALITY REVIEW	TA	TC415	12/05/02
RESPONSE FORMALITY REVIEW	L C	1024	3-22-07

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0								
Claim Date	Claim	Date Ct	aim Date					
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If more than 150 claims or 10 actions staple additional sheet here

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